Gift to Agency Report   A Public Document

	Date Stamp	California **801** Form
		For Official Use Only

1. Agency Name

Governor's Office

Division, Department, or Region *(if applicable)*

Street Address

State Capitol, Sacramento, CA 95814

Area Code/Phone Number	**E-mail**
(916) 445-0873	

Agency Contact *(name and title)*

Dan Maguire, Deputy Legal Affairs Secretary

☐ **Amendment** *(explain in comment section)*

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual _____   ☒ Other T3 Motion, Inc.
         Last Name   First Name   Name

2990 Airway Avenue	Costa Mesa	CA	92626
Address	City	State	Zip Code

Electric vehicles

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____ Name	$ _____ Amount	_____ Name	$ _____ Amount

3. Payment Information

Date and Amount of Payment *(other than travel)* __11/18/08__ $ __3,000__
                                     (month, day, year)   *(Round to whole dollars)*

Travel Payment Information *(Round to whole dollars)* **Location of Travel** _____

Date(s) of Travel	$ Transportation Expenses	$ Lodging Expenses	$ Meal Expenses	$ Other Expenses	$ Total Expenses

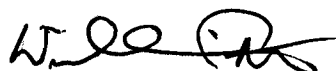**Provide a specific description of the nature and use of the payment for official agency business:**

T3 Motion provided a $3,000 sponsorship for the Governor's Conference on Small Business and Entrepreneurship, which was held on November 18 - 19, in Los Angeles, California.

Identify the officials for whom the payment was used:

Not applicable

Last Name	First Name	Title	Department/Division
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

~~signature~~	Will Fox	Deputy Chief of Staff	12 19 08
Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*

Comment: *(Use this space or an attachment for any additional information.)*